PRO PAR

Name (print)

Office (if applicable)

District (if applicable)

Contributions in Excess of \$100 or, When Added Together from One Contributor Exceeds \$100 Transfer Total Amount of All Campaign Contributions to Line 3 of Contributions Summary

CONTRIBUTOR'S NAME AND ADDRESS	DATE OF EACH CONTRIBUTION	AMOUNT OF EACH CONTRIBUTION	CHECK HERE
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ANNUA

Name (print)

Office (if applicable)

District (if applicable)

Expense Categories

CATEGORIES 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	CODE
Office expenses	A
Expenses related to volunteers	В
Expenses related to travel	C
Expenses related to advertising	D
Expenses related to paid staff	E
Expenses related to consultants	F
Expenses related to polling	G
Expenses related to special events	н
** Goods and services provided in kind for which money would otherwise have been paid	
Other miscellaneous expenses	J
Expenses related to NRS 294A.160 (Disposition of Unspent Contributions)	к

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^{**} NRS 294A.362 requires "In Kind" contributions and expenses to be reported on a separate form, which is attached.

Name (print)

(print) Office (if applicable)

District (if applicable)

Expenses in Excess of \$100 Transfer Total Amount of All Campaign Expenses to Line 9 of Expenses Summary

NAME AND ADDRESS OF PERSON, GROUP OR ORGANIZATION WHO RECEIVED, THE PAYMENT FOR THE EXPENSE(S)	CATEGORY (See Provious Pagg) NRS/294A3665	DATE OF EACH EXPENSE	AMOUNT OF EACHIEXPENSE
PLAN 1101 Riversida DR Reno, NU 89503	C	10/8/03	35100
Reno	A	10/8/03	35100
PD. BUX 26892- SAN FRAN C15CO, CA 94126-	(Bank, Fees)	12/03	180 00
97100	087 <		
	9		

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Rev: JUL-03

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